

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090740

FILED
Mar 15, 2012
Secretary of State

Entity Name: TRIFIVE, CORP.

Current Principal Place of Business:

3020 NW 125TH AVE
216
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

3020 NW 125TH AVE
216
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 27-1278826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRINI, ALBA
3221 NW 126TH TERRACE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TRISINI RAUCCI, SANTOS A
Address: 3221 NW 126TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: VD
Name: TRISINI, ALFREDO
Address: 3020 NW 125TH AVE NUM 216
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: RAUCCI DE TRISINI, COSTANZA
Address: 3020 NW 125TH AVE NUM 216
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: TRISINI RAUCCI, WILLIAM
Address: 3020 NW 125TH AVE NUM 216
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: TRISINI RAUCCI, ANA C
Address: 3020 NW 125TH AVE NUM 216
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANTOS TRISINI

P

03/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date